RESIDENTIAL CHILD CARE PROGRAMS REPORT

Provider Organization:  Brook Lane Health Services, Inc.

Licensing Agency:  DHS  Contracting Agency(s):  DHS

Program Administrator:  Ralph Hertges  Certification #:  A00018  Exp. Date:  12/31/19

Type of Inspection:  Quarterly

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Gender</th>
<th>Age Range</th>
<th>License Capacity</th>
<th>DHS Contract Limit</th>
<th>License#/ Exp. date</th>
<th>Date of site Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brook Lane Health Services, Inc.</td>
<td>M/F</td>
<td>6-17</td>
<td>14</td>
<td>14</td>
<td>#00075</td>
<td>5/21/19</td>
</tr>
</tbody>
</table>

Inspection Summary

Number of Records Reviewed:  Youth ___  Staff ___

Number of Interviews:  Youth ___  Staff ___

Physical Plant Inspection:  Approved

Current COMAR Violation:  Yes  No

If Yes, list Cited Violation(s) below:

<table>
<thead>
<tr>
<th>Violation(s)</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.31.06.05 F (1)</td>
<td>6/13 personnel records did not have 40 hours of annual training documented</td>
</tr>
<tr>
<td>14.31.06.15 G (3)</td>
<td>Utilizing a non-approved behavioral intervention training</td>
</tr>
<tr>
<td>14.31.06.05 E (1) (h)</td>
<td>1/13 personnel records did not have RCYCP certification within 180 days of hire</td>
</tr>
</tbody>
</table>

Corrective Action Plan:  Yes  No  If yes, date of CAP:  5/21/19

Any Violations During Mid or Re-Licensure Periods:  Yes  No  NA

If Yes See Report(s) Date(s):  11/26/18

Complaint Outcome:  N/A

Current Status of License:  Continued

Licensing Coordinator:  Jennifer McCabe  Date:  5/29/2019  Email:  Jennifer.mccabe@maryland.gov

Program Manager:  Andre Thomas  Date:  5/29/2019  Email:  Andre.thomas@maryland.gov